## YOUTH RIGHTS AND RESPONSIBILITIES

## **Your Rights**

You will have your own program, called an Individualized Treatment Plan. This plan is basically to help you learn ways to take care of yourself and your personal belongings and to get along with other people.

You and your parent(s) or guardian may see the case record that we keep on you. Before anything in your record can be given to you or your parent(s) or guardian, we will obtain written permission from you and your parent(s), guardian, or legal custodian.

You can know about your health condition unless the doctor asks in writing that you not be told. You may take part in plans for your medical treatment and, if you are 18 years old or older, you may refuse recommended treatment.

You will be free of physical restraint so long as you are not in danger of hurting yourself or others. Then you will be held safely and for only as long as you are upset.

Mechanical restraints that restrict movement may only be used by the program if it has prior approval of the Agency.

If you are given medicine, it shall be only after a doctor or nurse approves it and only under the circumstances they define. Medicine must not be given to you to punish you.

You will be served three nutritiously balanced meals a day. You cannot be denied a meal as punishment.

You will be treated with respect by staff even when you are being disciplined or corrected. You will not be cursed or called names.

You will be allowed to have visitors at reasonable times--that is, at times when you are not expected to be sleeping, eating, or doing activities that are in your program.

You may receive and send mail without it being read by anyone but you, except in circumstances that the program director determines are a risk to the safety and security of the program. Mail will routinely be inspected for contraband in your presence.

You may use the telephone at reasonable times. You may visit your friends and family as outlined in your program.

You may manage your own money and know the amount in your account each month. You may help in deciding what you can or should buy and how much you should spend.

You will be required only to do the work outlined in your program and to share duties such as keeping your room neat and helping with kitchen chores.

You may belong to clubs and go to church unless the person in charge of your program believes that something bad could happen to you there.

If you feel that you have not been treated fairly, you should notify your case manager about it. If you feel that any of your rights might have been violated, you can file a grievance.

If you are 18 years old or older, you have the right to register and vote.

## **Your Responsibilities**

You are expected to follow the rules, procedures, schedules and directives of staff while at this provider.

It is your responsibility to see that your behavior and language do not discriminate or show prejudice against other persons.

You are responsible for helping to clean and maintain your living quarters.

You must ask for medical and dental care when you feel you need it.

You are to conduct yourself properly during visits and community outings and activities.

You must not accept or bring into or take out of the provider items that are illegal or not allowed by this provider.

You must not violate the law through the mail.

You must keep yourself clean and odor free.

You must follow grievance procedures in making any complaint. If any action is taken against you by staff or other youth because of the complaint, you should report it to the provider supervisor.

You must use appeal procedures when you feel any disciplinary action has been taken against you.

1 hereby acknowledge that these Rights and Responsibilities have been explained to me by	
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Resident	Date
Parent/Guardian, if appropriate	Date
Program Director	 Date